

QUALITY OF CARE CONCERN SEVERITY LEVELS

Level 0- Track only: No risk for it to be a quality of care concern, risk of harm, permanent damage, increased cost of care, lengthened stay, permanent damage, or potential media event. Concerns may be related to physical elements of the clinic and discourtesy.

Level 1- Concern that MAY impact the member if not resolved: Potential unsafe home environment; non-compliance with appointment scheduling or wait time requirements; need for information or referral to resolve an issue.

Level 2- Concern that WILL impact the member if not resolved: Including slow, or no responsiveness to a request for evaluation, treatment other request; member rights violation; inadequate case management; physician clinic cancellations; availability/timeliness of transportation for medical appointments.

Level 3- Concern that IMMEDIATELY impacts the member and is considered life threatening or dangerous. Including situations of immediate jeopardy to the member; abuse and neglect; inadequate or inappropriate care of an acute condition; denial of services deemed medically necessary by the member/provider; potential provider misconduct; issues with, or the potential for, adverse media coverage or the potential for a lawsuit; and issues referred by the AHCCCS Director's Office.

Level 4- Concern that no longer impacts the member but may have potential to be life threatening or dangerous to other members:

Unexpected death has resulted, directly or indirectly as a result of care given or omitted. Media coverage assured. Lawsuit filed or in process.

Examples include cases abuse and neglect; unexpected deaths; and cases from the Governor's Office, Legislature, or ADHS Director/Assistant Director's Office regardless of the nature

PRIORITY CATEGORY OF GRIEVANCES

Priorities are categorized in four groups:

High Risk-Including situations of immediate jeopardy to the member; abuse and neglect; inadequate or inappropriate care of an acute condition; denial of services deemed medically necessary by the member/provider; unexpected deaths; potential provider misconduct; issues with, or the potential for, adverse media coverage or the potential for a lawsuit; and issues referred by the AHCCCSA, ADHS Director's Office and or the Governor's Office.

Routine-Including slow, or no responsiveness to a request for evaluation, treatment other request; potential unsafe home environment; member rights violation; inadequate case management; availability/timeliness of transportation for medical appointments; non-compliance with appointment scheduling or wait time requirements; need for information or referral to resolve an issue. If there is absolutely no possibility that the complaint could impact the member in any way, it is to be tracked only, as a general grievance.

Track and Trend- Including non-quality-of-care concerns that may become quality of care concerns if a trend is identified.

Referral to other OCSHCN Sections, or other Agencies-Including eligibility issues; contract compliance; network issues; member fraud; compliance with statute or state plan; abuse or neglect; compliance with licensure standards; criminal offenses; etc. Fraud, abuse, neglect and criminal offenses are to be referred to the appropriate agency immediately upon identification.